

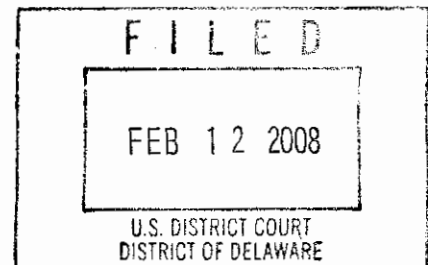
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Ralph Reed SBI#: 320813

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: February 7, 2008



Attached are copies of your inmate account statement for the months of August, 2007 to January 31, 2008

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>35.85</u>
<u>Sept</u>	<u>31.80</u>
<u>Oct</u>	<u>4.69</u>
<u>Nov</u>	<u>.54</u>
<u>Dec</u>	<u>18.81</u>
<u>Jan</u>	<u>45.42</u>

Average daily balances/6 months: 22.85

Attachments

CC: File

Stacy Shane
2/7/08

Notary public
[Signature]
2/7/08

Date Printed: 2/7/2008

Individual Statement

From August 2007 to December 2007

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00320813	Reed	Ralph	J		Ending Month Balance:	\$23.18
Current Location: 22					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Visit	8/15/2007	\$20.00	\$0.00	\$0.00	\$20.00	472145	9213026799-03024		E REED
Visit	8/15/2007	\$25.00	\$0.00	\$0.00	\$45.00	472146	0664474176-03025		P BERLUS
Mail	8/16/2007	\$50.00	\$0.00	\$0.00	\$95.00	472716	20034150044		C BOYD
Medical	8/17/2007	(\$3.99)	\$0.00	\$0.00	\$91.01	473360		7/9/07	
Supplies-MailPosta	8/17/2007	(\$0.75)	\$0.00	\$0.00	\$90.26	473674		7/6/07	
Canteen	8/22/2007	(\$33.51)	\$0.00	\$0.00	\$56.75	475273			
Canteen	8/29/2007	(\$15.84)	\$0.00	\$0.00	\$40.91	478761			
Medical	9/7/2007	\$0.00	(\$8.00)	\$0.00	\$40.91	483502		8/23/07	
Medical	9/7/2007	\$0.00	(\$4.00)	\$0.00	\$40.91	483541		8/27/07	
Medical	9/7/2007	(\$8.00)	\$0.00	\$0.00	\$32.91	483694		8/23/07	
Medical	9/7/2007	(\$4.00)	\$0.00	\$0.00	\$28.91	483729		8/27/07	
Mail	9/20/2007	\$10.00	\$0.00	\$0.00	\$38.91	488578	0504533457		HERMLINE BERLUS
Canteen	9/26/2007	(\$19.08)	\$0.00	\$0.00	\$19.83	490828			
Canteen	10/3/2007	(\$15.01)	\$0.00	\$0.00	\$4.82	494888			
Canteen	10/24/2007	(\$4.25)	\$0.00	\$0.00	\$0.57	504599			
Supplies-MailPosta	11/29/2007	\$0.00	\$0.00	(\$0.41)	\$0.57	519965		11/21/07	
Supplies-MailPosta	11/29/2007	(\$0.41)	\$0.00	\$0.00	\$0.16	521142		11/21/07	
Mail	12/12/2007	\$25.00	\$0.00	\$0.00	\$25.16	527108	0686419839		K REED
Mail	12/20/2007	\$15.00	\$0.00	\$0.00	\$40.16	530641	10600895103		L BOYD
Canteen	12/26/2007	(\$16.98)	\$0.00	\$0.00	\$23.18	532897			

Ending Month Balance: \$23.18

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00

Date Printed: 2/7/2008

Individual Statement From January 2008 to January 2008

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:
00320813	Reed	Ralph	J		\$23.18	\$2.77
Current Location: 22					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Visit	1/2/2008	\$25.00	\$0.00	\$0.00	\$48.18	535939	9213029945-08311		E REED
Visit	1/2/2008	\$25.00	\$0.00	\$0.00	\$73.18	535940	9248005840-08312		E REED
Canteen	1/2/2008	(\$16.16)	\$0.00	\$0.00	\$57.02	536450			
Pay-To	1/3/2008	(\$25.00)	\$0.00	\$0.00	\$32.02	536740		ZELDA SHOCKLEY	
Mail	1/4/2008	\$50.00	\$0.00	\$0.00	\$82.02	537825	11891144171		ROBERTA ALEXIS
Canteen	1/9/2008	(\$18.35)	\$0.00	\$0.00	\$63.67	539432			
Pay-To	1/10/2008	(\$3.00)	\$0.00	\$0.00	\$60.67	541375		PROJECT AWARE	
Canteen	1/16/2008	(\$18.78)	\$0.00	\$0.00	\$41.89	543658			
Canteen	1/23/2008	(\$19.16)	\$0.00	\$0.00	\$22.73	545759			
Canteen	1/30/2008	(\$19.96)	\$0.00	\$0.00	\$2.77	548684			

Ending Month Balance: \$2.77

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00

RECEIVED-DCC

FEB 07 2008

SUPPORT SERVICES MANAGER

**Affidavit accompanying Motion for
Permission to Appeal In Forma Pauperis**

United States District Court for the _____ of _____

v.

D.C. Case No. 06-cv-00445

Third Cir. No. 08-1330

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury that my answers on this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)

Signed: Ralph Reed 320213

Instructions

Complete all questions on this application and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate piece of paper identified with your name, your case's docket number, and the question number.

Date: 2-5-08

My issues on Appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

INCOME SOURCE	AVERAGE MONTHLY AMOUNT DURING THE PAST 12 MONTHS	AMOUNT EXPECTED NEXT MONTH
	You	Your Spouse
Employment	\$ <u>NA</u>	\$ <u>NA</u>
Self-Employment	\$ <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NA</u>
Interest and Dividends	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>NA</u>	\$ <u>NA</u>
Alimony	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>NA</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>NA</u>	\$ <u>NA</u>
Public Assistance (such as welfare)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income	\$ <u>NA</u>	\$ <u>NA</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
NA			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
NA			

4. How much cash do you and your spouse have? \$ NA

Below, state any money you or spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.

IN side

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle # 1
				(Value)
NA		NA		Make & year: NA
				Model: NA
				Registration #: NA
Motor Vehicle # 2		Other assets	(Value)	Other assets
(Value)				(Value)
Make & year: NA		NA		NA
Model: NA				
Registration #: NA				

6. State every person, business or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA	NA	NA

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
NA	NA	NA

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or Home Mortgage (Include lot rented for mobile home)	\$ <u>NA</u>	\$ <u>NA</u>
Are real estate taxes included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Is property insurance included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u> </u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u> </u>	\$ <u> </u>
Food	\$ <u> </u>	\$ <u> </u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u> </u>	\$ <u> </u>
Medical and dental expenses	\$ <u> </u>	\$ <u> </u>
Transportation (not including motor vehicle payments)	\$ <u> </u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u> </u>	\$ <u> </u>
Homeowners or renters	\$ <u> </u>	\$ <u> </u>
Life	\$ <u> </u>	\$ <u> </u>
Health	\$ <u> </u>	\$ <u> </u>
Motor Vehicle	\$ <u> </u>	\$ <u> </u>
Other: <u> </u>	\$ <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments)(specify): <u> </u>	\$ <u> </u>	\$ <u> </u>

	You	Your Spouse
Installment payments	\$ <u>NA</u>	\$ <u>NA</u>
Credit Card (name): _____	\$ <u>W</u>	\$ <u>W</u>
Department Store (name): _____	\$ <u>W</u>	\$ <u>W</u>
Other: _____	\$ _____	\$ _____
 Alimony, maintenance and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
 Total monthly expenses:	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid _____ Or will you be paying _____ an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No If yes, how much? \$ _____

If yes state the attorney's name, address and telephone number:

11. Have you paid ____ Or will you be paying ____ anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes state the person's name, address and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I can't pay because I don't have any money and do not know when the next time when I ever have any money.

13. State the address of your legal residence.

Your daytime telephone number: (____) _____

Your age: _____ Your years of Schooling: _____

IM Ralph Reed

SBI# 320813 UNIT MHL-22-A-1-5

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



Office of the clerk

United States District Court

844 N. King Street Lockbox 18

Wilmington Del 19801

